



10-24-06

RCE  
JQ(PATENT)  
Attorney Docket No.: 01017/39555

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION AND  
PETITION FOR EXTENSION OF TIME

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

10/25/2006 HDEMESS1 00000025 10694579

01 FC:1801

790.00 OP

Dear Sir:

This is a Request for Continued Examination under 37 C.F.R. §1.114 of the following application:

Application No. : 10/694,579  
Filing Date : October 27, 2003  
Inventor(s) : Mehta et al.  
Title : G-CSF Therapy as an Adjunct to Reperfusion Therapy in the Treatment of Acute Myocardial Infarction  
Art Unit : 1647  
Examiner : Cherie M. Woodward

## 1. Submission required under 37 C.F.R. §1.114

- Previously submitted
- Please enter and consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed \_\_\_\_\_
- Enclosed
- Amendment/Reply
- Affidavit(s)/Declaration(s)
- Information disclosure statement
- Other: \_\_\_\_\_

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 995020104 US in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 23, 2006

Juan Quintana

**2. Miscellaneous**

- This is a petition for a 2-month extension of time.
- Suspension of action on the above-identified application is requested under C.F.R. § 1.103(c) for a period of \_\_\_\_\_ months.  
(Suspension period not to exceed 3 months; fee under 37 C.F.R. § 1.17(l) required).
- Other: \_\_\_\_\_

**3. Fees**

- |                                     |                                                |                  |
|-------------------------------------|------------------------------------------------|------------------|
| <input checked="" type="checkbox"/> | RCE fee required under 37 C.F.R. §1.17(e)      | \$ <u>790.00</u> |
| <input checked="" type="checkbox"/> | Extension of time fee under 37 C.F.R. §1.17(a) | \$ <u>450.00</u> |
| <input type="checkbox"/>            | Other: _____                                   | \$ _____         |

**4. Method of Payment of Fees**

- |                                     |                                                                                                 |                   |
|-------------------------------------|-------------------------------------------------------------------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Enclosed is a check in the amount of:                                                           | \$ <u>1240.00</u> |
| <input type="checkbox"/>            | Charge Deposit Account No. 13-2855 in the amount of:<br>A copy of this transmittal is enclosed. | \$ _____          |

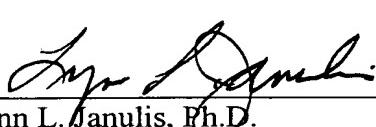
The Director is hereby authorized to charge any fee which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 13-2855, under Order No. 01017/39555. A copy of this paper is enclosed.

Please direct all future communications to Marshall, Gerstein & Borun LLP at the address below.

Dated: October 23, 2006

Respectfully submitted,

MARSHALL, GERSTEIN &amp; BORUN LLP

By:   
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